

# L13000121506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

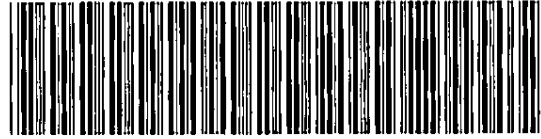
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2025 JAN 13 PM 12:04  
STATE  
TALLAHASSEE, FLORIDA

2025 JAN 13 PM 3:04  
STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 01/13/25  
Order #: 1758934-1  
Re: Seven Diamonds, LLC  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing,  
please call our office.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Seven Diamonds, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Rice

\_\_\_\_\_  
Name of Person

Summit Materials

\_\_\_\_\_  
Firm/Company

1801 California Street, Suite 3500

\_\_\_\_\_  
Address

Denver, CO 80202

\_\_\_\_\_  
City/State and Zip Code

Danielle.Rice@summit-materials.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle.Rice@summit-materials.com

303 515-5163  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

**2025 JAN 13 PM 12: 04**

Seven Diamonds, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 28, 2013 and assigned Florida document number L13000121506.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1801 California Street, Suite 3500

**(Principal office address MUST BE A STREET ADDRESS)**

Denver, CO 80202

Enter new mailing address, if applicable:

1801 California Street, Suite 3500

**(Mailing address MAY BE A POST OFFICE BOX)**

Denver, CO 80202

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

*City*

Florida 32301

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 6BF75197-181C-432D-8325-B22AAD20F480  
If amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lew Friedland	43309 US Highway 19 North	<input type="checkbox"/> Add
		Tarpon Springs, FL 34689 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Lew Friedland	43309 US Highway 19 North	<input type="checkbox"/> Add
		Tarpon Springs, FL 34689 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Kevin Connors	43309 US Highway 19 North	<input type="checkbox"/> Add
		Tarpon Springs, FL 34689 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	Cecilia Brom	43309 US Highway 19 North	<input type="checkbox"/> Add
		Tarpon Springs, FL 34689 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Charles DePriest	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Bart Boyd	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DocuSign Envelope ID: 6BF75197-181C-432D-8325-B22AAD20F480  
If amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	Colin Fox	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst T	Brian Frantz	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst T	Nathan Koransky	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst T	Mark Denis	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	Chris Gaskill	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst S	David Hamm	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Asst S	Mary Janiszewski	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst S	Justin Walden	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Scott Hossenlopp	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Rich Moses	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Cline Dooley	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Karli Anderson	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Kirk Grissett	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Travis Morris	1801 California Street, Suite 3500	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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